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CERTAIN CIRCULATORY DISTURBANCES DURING PREGNANCY.

From Chapter XIII of "Braun's Midwifery."

TRANSLATED BY BENJAMIN LEE, M. D.

Jaundice in Pregnancy.

Jaundice is of comparatively rare occurrence during pregnancy, appearing under a twofold form, either with an intense golden coloration of the albugineous tunic of the eye and of the skin, without fever or cerebral complication, or with a sulphur-yellow coloration, attended by fever and symptoms of cerebral disorder.

Jaundice without fever may make its appearance at any stage of pregnancy, and run its entire course during that period, but ordinarily leads to abortion or premature labor. If the interruption of the pregnancy follows shortly upon the attack of jaundice, we often find the waters already yellow,* while the fœtus is still entirely free from any icteric stain. But should several weeks elapse between the invasion of an intense jaundice and the expulsion of the fœtus, the latter sometimes dies spontaneously, and on expulsion its viscera present a greenish-yellow discoloration (or cirrhonosis,† according to Lobstein), as has been observed both by J. P. Frank and myself.

The cause of jaundice without fever is not to be sought in the pregnancy or the pressure of the enlarged womb, for it does not occur more frequently in the second than in the first half of gestation, but must be deduced from general etiological principles whose value is not confined to this condition. Its source is found at times in a *retarded flow of bile into the intestine* (as indicated by a large amount of its coloring matter in the urine and its absence in the fæces); at times in a *disordered secretion of bile* (as shown by the scanty presence or complete absence of this coloring matter in the urine, and a great abundance of it, with an intense yellow coloration, in the fæces).

The prognosis and treatment of this disorder do not depart from the general principles of medicine; obstetrical interference renders it neither better nor worse, and the *induction of premature labor is, therefore, never necessary for the safety of the mother.* But it may be indicated when the jaundice is intense and of long continuance, and the fœtus is both living and viable, with a view of preventing its death before the termination of pregnancy.

The so-called *chloasmata* have no connection with jaundice, or indeed with any disease of the liver, but are to be regarded as parasitic growths (pityriasis versicolor) occurring during pregnancy, or in certain situations, as for instance the areola around the nipples, as pigmentary deposits.

A very valuable article upon the relationship of several of the skin diseases to the functions of the internal generative organs of women has been published by Hebra,* from which it appears that eczema, urticaria, ephelides, brownish discolorations of the skin, falling out of the hair, and stearrhea, which obstinately resist all treatment, even the use of the ferruginous

*Clinik der Geburt, etc., § 245.
† Κίρρος—a waxy yellow.

* Hebra: Wochenblatt der Zeitsch. Wiener Aerzte. Nr. 40, 1855.

preparations, which he lauds so highly, in many instances are completely cured by the occurrence of pregnancy, while on the other hand they often display an obstinate persistence during that condition, and do not yield after delivery, or even childbed; whence it would appear that the most dissimilar conditions of the blood, especially if of the general type of oligocythæmia (aglobulose), exert one and the same influence in these respects.

The action of pregnancy in now arresting, now retarding, and now favoring the progress of skin diseases is, therefore, subject to similar laws to those which have long been recognized as governing syphilis and many acute and chronic diseases of the internal organs.

Jaundice with febrile and cerebral complications has been sufficiently considered in the preceding pages, as regards its diagnosis, prognosis, and therapeutics, under the name of cholæmic eclampsia.

In cases observed by Kiwisch,* Scanzoni,† Spaeth,‡ the author, and others, post-mortem examination disclosed not only destruction of the liver cells, but also frequent complication with chronic Bright's disease. In the two cases which I observed,§ extravasations of blood as large as the fist were found in the areolar tissue, in the tendinous sheaths of the muscles of the thigh, and especially under the breasts upon the greater pectoral muscles.

Death generally ensues soon after the invasion of the cerebral symptoms, before labor is accomplished. Carpentier,‖ however, reports having seen eleven cases, in which premature labor occurred, and the brain symptoms, with fatal issue, made their first appearance during the earlier days of childbed. The pressure of the pregnant uterus cannot be viewed as the essential cause of acute atrophy of the liver, inasmuch as the affection occurs as well in the first half of pregnancy as later. Icterus occurs not infrequently during childbed, as a result of pyæmia or anæmia, and in these cases the autopsy reveals simply the ordinary fatty liver of childbed, not acute atrophy of this organ.

Chlorosis, Congestions and Hyperæmia in Pregnancy.

Chlorosis appears in pregnancy under the same manifestations as at other times, may be of a mild or severe form, induces functional and nervous disorders of the most dissimilar character, and may, in its highest degree of development, bring to our notice an anemia such as is rarely seen, save after profuse hemorrhage.

In this disorder, either the activity of the formation of red corpuscles from albumen is diminished (when we have, in the majority of cases, *oligocythæmia* and then *hyperalbuminosis* and *serous plethora*), or the formation of albumen itself is diminished (whence results hyp-albuminosis and hydremia).

Since the analogies between the blood of pregnant women and the constitution of that fluid in chlorosis were first noticed by Kiwisch* and Cazeaux†, their views have been confirmed by Scanzoni, the author, and others, who therefore hold that the manifold functional disorders of pregnancy are to be considered, not as the indication of a hyperemia or true plethora, but rather as the effect of a hydremia or serous plethora. Consequently, general blood-lettings in pregnancy are resorted to by the author only in extreme cases, and very rarely. He seeks rather to combat the poverty of the blood, which often lies at the base of the neuroses of pregnancy, by a strengthening diet, the preparations of iron, chalybeate waters, etc., with which the best results are obtained.

Chlorosis not only occurs very frequently among women dwelling in large cities, but is also not rarely observed in the stoutest country women during pregnancy. I have enjoyed the opportunity of instituting comparisons with a view to determining whether those women who had been in the habit of being bled in previous pregnancies, or in consequence of the prejudices of their country even oftener, suffer any harm from the interruption of these customary depletions, and I have been led to the conviction that such interruption exerts, on the contrary, the most favorable influence upon the duration of the pregnancy, on the healthful appearance of the mother, on the development of the fœtus, on the normal and rapid progress of the labor, and on childbed. That cerebral apoplexy is not to be feared in consequence, is sufficiently proved by the fact that under this method, out of ten thousand patients not more than one succumbs to the disease in question, a more favorable result than that offered by the

* Kiwisch; Die Geburtskunde. Erlangen. 1851. II Abth. T. 48.
† Scanzoni; Lehrbuch d. Geburtsh. 1853. § 293.
‡ Spaeth; Wiener Med. Wochenschrift. 1854. No. 49.
§ Clinik der Geburtsh, etc. § 243.
‖ Carpentier; Rev. Med. Chir. Mai, 1854.

* Kiwisch. Die Geburtskunde. Erlangen, 1851, Abth. II, § 54.
† Cazeaux. Gaz. des Hôpit., 1850. Nr. 30.

records of profuse depletion. The increase in white corpuscles (called by Virchow leukemia) which takes place in pregnancy at the same time with the increase in fibrin, indicates the path by which the manifold functional irregularities of this period are to find their more complete explanation, and which, judiciously explored, will lead the investigator to valuable discoveries.

Until quite recently it was the fashion to ascribe many of the phenomena of pregnancy, such as headache, giddiness, flushing of the face, transient heat of the entire body, fainting, increased heat of the head, as well as a general appearance of fullness, to a true plethora (polyemia), and to identify it with an increase in the fibrin of the blood (relative hyperinosis), or in the red corpuscles (relative polycythemia). But we are as yet without demonstration of an actual superfluity of blood. We only know that if the blood, aside from the condition of pregnancy is normally very rich in blood-corpuscles and albumen, while this fact does not properly constitute disease, it may readily lead to it.

Clinical observations, and chemical and microscopical examination of the blood of both healthy and sick women, made during pregnancy, do not declare in favor of a true plethora, but rather indicate that the nervous symptoms, flushing of the face, dyspnœa, etc., occur when the composition of the blood is either normal or oligæmic, as above described, and that they usually depend upon passive congestions or determination of the blood in a particular direction.

Both the enlargement of the pregnant uterus, and the consequent displacement and compression of the viscera of the thoracic and abdominal cavities, afford a manifest cause for stagnation of the blood, which may be perceptibly increased by the sequelæ of previous disorders, improper clothing, etc.

Stagnation is not, however, any more than true hyperemia, a morbid state necessarily connected with pregnancy, nor have these phenomena any other signification during this condition than out of it. They should, therefore, be treated simply according to general therapeutical principles.

The Dropsies of Pregnancy.

The dropsical or serous constitution of the blood is characterized by the facts that the latter contains too great a quantity of serum, as compared with healthy blood, and that it occurs only as a secondary condition. We may, therefore, readily refer it to its immediate causes, such as diseases of the heart, spleen, liver, kidney, or to mechanical obstructions to the circulation existing in the pregnant uterus.

This *serosity* is distinguished from true hydremia (the hyp-albuminosis of Vogel and an-albuminosis of Heller) in this; that the latter can only be predicated when in like quantities of serum a greater amount of water is found in the diseased than in the healthy specimen, in other words, when the albuminous constituents of the blood sink manifestly below the normal standard (Virchow).

The dropsies of pregnancy very often depend upon diseases of the kidney, generally a diffuse nephritis, making its appearance as acute or chronic Bright's disease, and having as its most-to-be-dreaded symptom and result, uræmic eclampsia. Considering puerperal eclampsia as identical with the uremia of Bright's disease, we have already spoken in detail of this variety of dropsy.

Dropsies dependent upon organic abnormities of the heart, valvular insufficiency, stenosis and pericardial adhesions, are not usually objectively recognizable with distinctness by their auscultatory signs. They sometimes result in abundant serous collections in areolar tissue, in the cavity of the abdomen, and in ovarian dropsy, so that in some cases the greatest danger of suffocation may be caused. This may threaten the patient before the invasion of labor, or premature labor may occur spontaneously, and death may ensue from paralysis of the heart a short time subsequently. Diseases of the heart and aneurism of the aorta, without dropsical effusion, are also extremely dangerous during the action of vigorous pains, as paralysis of the heart is, unfortunately, not of unfrequent occurrence in consequence of these affections, if obstetric interference be neglected.

In the diagnosis of diseases of the heart, respect must be had to the fact that in pregnancy displacements of the point of the heart, and even cardiac murmurs usually occur, unconnected with any pathological alteration of the texture of the organ.

An important form of dropsy also appears in pregnancy, which is complicated with a moderate enlargement of the spleen, and has been denominated, by Virchow, leukemia.

On examining a drop of blood under the microscope, we find, in this condition, the quantity of colorless corpuscles increased by from a

sixth to a half of their normal number. The dropsies which make their appearance during the first half of pregnancy, without albuminuria, and without appreciable pathological alteration of any of the internal organs, belong to this class. And those, even, which occur during the second half of pregnancy, in the shape of œdema of the lower extremities, of the labia, and so on, may often be attributed to the same cause.

It has been attempted to explain these latter simply by the obstruction to the circulation, caused by the pressure of the pregnant uterus upon the pelvic veins, but it is evident that another cause must be sought, because œdema is as often absent as present during pregnancy, and because it is often not observed in the first, while it occurs in a very severe form in later pregnancies. These dropsies, without material or well-defined visceral disease, have the same origin as the œdematous infiltrations which occur in chlorosis. On the development of the fœtus they exert a most prejudicial influence, especially if they make their appearance during the earlier months, leading, in not rare instances, to spontaneous premature labor.

The œdematous swelling of the labia may attain the size of the fist, and is then very painful, impeding locomotion, even at times rendering it impossible. It frequently occurs by itself, and may be associated with ascites, anasarca or dropsy of the amnion.

Granular liver (interstitial inflammation of the liver) is very rarely the cause of ascites occurring during pregnancy. I have never yet been able to verify such a condition in a puerperal woman.

The dropsies which depend upon hydræmia, serous plethora, and leukæmia, usually disappear with the first week of childbed, under the favorable influence of the alterations which then take place in the state of the blood. But where the dropsy is of considerable extent, the labor is characterized by inefficient pains, sluggish progress, and often very dangerous hemorrhages.

The infiltrated labia and perineum rupture, notwithstanding the greatest care, and gangrenous ulcerations sometimes result. During the pregnancy, no effective treatment can be instituted for œdema of the external genitals beyond rest, the application of aromatic fomentations, or of dry warmth, the use of an aromatic herb cushion, attention to cleanliness, and the employment of mild laxatives. Superficial punctures with the lancet, it is true, permit the fluid to ooze out and so diminish the tumefaction rapidly, but they do not prevent its accumulating again just as rapidly. Scarification of the genitals during pregnancy, should not, indeed, be undertaken, save after a conscientious exercise of the judgment, as it not infrequently induces premature labor.

The prognosis is unfavorable in proportion to the duration of the dropsy, as it usually continues as long as the pregnancy; but it terminates in recovery during childbed much oftener than in chronic disease or death. The medicinal treatment must be regulated by the cause of the dropsy.

In the more severe forms which are complicated with the danger of death by suffocation, the artificial induction of labor offers, relatively speaking, the most favorable results; and if the recovery of the mother can be accomplished in no other way, it affords the only means of saving the life of the child as well.

In those cases where the danger to the mother appears to have reached an extreme point before the seventh month, * Kiwisch considers the induction of abortion to be justifiable, inasmuch as under the circumstances there is no ground to hope for the preservation of the fœtus in any case, while for the mother may thus sometimes be procured an essential amelioration of her sufferings, if not, as † I have myself had the good fortune to witness, a complete restoration to health.

ON NELATON'S METHOD OF RESUSCITATION FROM CHLOROFORM NARCOSIS.

[Read at the Forty-second Annual Meeting of the British Medical Association, held in Norwich, August, 1874.]

BY J. MARION SIMS, M. D.,

Surgeon to the Woman's Hospital of the State of New York, etc.

Dr. Charles James Campbell, the distinguished accoucheur of Paris, has recently written two papers on anæsthesia in obstetrics,‡ in which he ably sustains the views long taught by Nélaton, that death from chloroform is due

* Kiwisch, Die Geburtsk, II Abth. § 44.

† Trienniner Jahresbericht, 1851. In Scanzoni's Beitrag. II Bd.

‡ 1. Mémoire sur l'Anesthésie Obstétricale; 2. Etude sur la Tolérance Anesthésique Obstétricale, par le Dr. Charles James Campbell, Ancien Interne de la Maternité de Paris, Ancien Chef de Clinique Obstétricale de la Faculté de Paris. G. Masson. 1874.

to syncope or cerebral anæmia. And amongst other strong arguments to prove his position, he gave a graphic description of a case of chloroform narcosis, which occurred in my practice in Paris, where M. Nélaton, by his method, unquestionably saved the life of the patient. She was young, beautiful, and accomplished, and belonged to one of the oldest and best families in France. Married at twenty, she gave birth to her first child a year afterwards. The head was enormous (hydrocephalic), impacted in the pelvis nearly twenty-four hours, and the delivery of a dead child was ultimately accomplished with instruments. Dr. Bouchacour, of Lyons, was called in consultation, and applied the forceps. In a week afterwards the urine began to dribble away, and in a fortnight an immense slough was thrown off. The case, surgically considered, was one of the most interesting I ever saw, and the operation was one of the most difficult I ever performed on any one in her station of life. The base of the bladder was destroyed, and the fundus fell through the fistulous opening; it was therefore inverted, and protruded between the labia majora as a herniary mass of the size of an apricot, its external covering being the internal or lining membrane of the bladder, which was of a deep vermillion red color. The vaginal portion of the cervix uteri and the posterior culde-sac were destroyed; and by the reparative process the cervix and the posterior wall of the vagina were blended into one common cicatricial mass, which was firm, inelastic, and immovable. The case appeared desperate, and M. Nélaton had pronounced it incurable. A preparatory operation was necessary, viz., to open the cervix uteri, by dissecting it from the posterior wall of the vagina, and thus to reconstitute the canal of the vagina up to the canal of the cervix; and by a subsequent operation, to draw forward the flap thus formed, secure it to the neck of the bladder anteriorly, and thereby close the fistula. The first, or preparatory operation, was performed at the country house of the family, near Dijon, on November 3d, 1861, Dr. Dugast, of Dijon, assisting, and giving chloroform. The second, or operation for the radical cure, was performed on the 19th of the month, at St. Germain, about an hour's distance from Paris by rail. M. Nélaton, Dr. Campbell, Dr. Beylard, Dr. Johnston, and Mr., now Dr., Alan Herbert, were present. I seldom give an anæsthetic in private practice for operation on the walls of the vagina, as the pain is generally not sufficient to call for it. But in this case, as the slightest touch was unbearable, an anæsthetic was indispensable. Dr. Campbell was selected by the family, as well as by M. Nélaton and myself, to administer the chloroform, especially as he was in the daily habit of giving it in his large obstetrical practice, and we all had entire confidence in his caution, skill and judgment. The patient was soon anæsthetized. The operation was begun at 10 A.M., and I thought it would require about an hour to finish it.

Many years ago I imbibed the convictions of my countrymen against chloroform in general surgery, and have always used ether in preference, never feeling the least dread of danger from it under any circumstances. It is otherwise with chloroform, and in this particular case I felt the greatest anxiety, frequently stopping during the operation to ask Dr. Campbell if all was going on well with the patient. At the end of forty minutes the sutures (twelve or thirteen) were all placed, and ready to be secured, and I was secretly congratulating myself that the operation would be finished in a few minutes more, when all at once I discovered an unusual bluish livid appearance of the vagina, as if the blood were stagnant, and I called Dr. Johnston's attention to it. As this lividity seemed to increase, I felt rather uneasy about it, and I asked Dr. Campbell if all was right with the pulse. He replied, "All right, go on." Scarcely were these words uttered, when he suddenly cried out, "Stop! stop! No pulse, no breathing;" and, looking to M. Nélaton, he said, "Tête en bas, n'est-ce pas?" Nélaton replied, "Certainly; there is nothing else to do." Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston, the legs resting one on each of his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue, and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered and overlooked every movement, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time

before there was any manifestation of returning life. Dr. Campbell, in his report, says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and said, "Gentlemen, she is certainly dead, and you might as well let her alone." But the great and good Nélaton never lost hope, and by his quiet, cool, brave manner, he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another, and by and by another; and then the breathing became pretty regular, and Dr. Campbell said, "The pulse returns, thank God; she will soon be all right again." Dr. Beylard, who always sees the cheerful side of everything in life, was disposed to laugh at the fear I manifested for the safety of our patient. I must confess that never before or since have I felt such a grave responsibility. When the pulse and respiration were well re-established, M. Nélaton ordered the patient to be laid on the table. This was done gently. But what was our horror, when, at the moment the body was placed horizontally the pulse and breathing instantly ceased. Quick as thought the body was again inverted, the head downward and the feet over Dr. Johnston's shoulders, and the same manœuvres as before were put into execution. Dr. Campbell thinks it did not take such a long time to re-establish the action of the lungs and heart as in the first instance. It may have lacked a few seconds of the time, but it seemed to me to be quite as long, for the same tedious, painful, protracted, and anxious efforts were made as before, and she seemed, if possible, more dead than before; but, thanks to the brave men who had her in charge, feeble signs of returning life eventually made their appearance. Respiration was at first irregular, and at long intervals; soon it became more regular, and the pulse could then be counted, but it was very feeble, and would intermit. I began again to be hopeful, and even dared to think that at last there was an end of this dreadful suspense, when they laid her horizontally on the table again, saying, "She is all right this time." To witness two such painful scenes of danger to a young and valuable life, and to experience such agony of anxiety, produced a tension of heart, and mind, and soul that cannot be imagined. What, then, must have been our dismay, our feeling of despair, when, incredible as it may seem, the moment the body was laid in the horizontal position again the respiration ceased a third time, the pulse was gone, and she looked the perfect picture of death? Then I gave up all for lost; for I thought that the blood was so poisoned, so charged with chloroform, that it was no longer able to sustain life. But Nélaton, and Campbell, and Johnston, and Beylard, and Herbert, by a consentaneous effort, quickly inverted the body a third time, thus throwing all the blood possible to the brain, and again they began their efforts at artificial respiration. It seemed to me that she would never breathe again; but at last there was a spasmodic gasp, and, after a long while, there was another effort at inspiration; and, after another long interval, there was a third; they were "far between;" then we watched, and waited, and wondered if there would ever be a fourth; at length it came, and more profoundly, and there was a long yawn, and the respiration became tolerably regular. Soon Dr. Beylard says, "I feel the pulse again, but it is very weak." Nélaton, after some moments, ejaculates, "The color of the tongue and lips is more natural." Campbell says, "The vomiting is favorable: see, she moves her hands; she is pushing against me." But I was by no means sure that these movements were not merely signs of the last death struggle; and so I expressed myself. Presently, Dr. Johnston said, "See here, doctor; see how she kicks; she is coming round again;" and very soon they all said, "She is safe at last." I replied, "For heaven's sake, keep her safe; I beg you not to put her on the table again till she is conscious." This was the first and only suggestion I made during all these anxious moments, and it was acted upon; for she was held in the vertical position till she, in a manner, recovered semi-consciousness, opened her eyes, looked wildly around, and asked what was the matter. She was then, and not till then, laid on the table, and all present felt quite as solemn and as thankful as I did; and we all in turn grasped Nélaton's hand, and thanked him for having saved the life of this lovely woman.

In a few minutes more the operation was finished, but, of course, without chloroform. The sutures were quickly assorted and separately twisted, and the patient put to bed; and on the eighth day thereafter I had the happiness to remove the sutures, in the presence of

M. Nélaton, and to show him the success of the operation.

I have detailed the circumstances of this interesting case at great length, because I believe it goes as far to establish a principle of treatment as any one case ever did, or possibly can.

If the recovery had been complete and perfect with the first effort at reversing the body, there might have been a doubt whether the vertical position was really the cause of resuscitation; but when the horizontal position was again and again followed by a cessation of all evidence of life, and when life was again re-established by a position that favored only the gravitation of the blood (poisoned as it was) to the brain, the inference is very clear that death in such cases is due to syncope or cerebral anæmia. Exhaust the brain of blood in any way, and death follows. Fill it speedily with blood again, and life returns.

I have another case to relate, which goes far to establish the principle of treatment in chloroform narcosis, so forcibly illustrated by the case at St. Germain.

In January, 1873, I amputated the cervix uteri at the Woman's Hospital, drew the vaginal tissue over the stump, and secured it by silver sutures. The junior house-surgeon gave the anæsthetic. When the operation was nearly finished, he cried out, "The patient has stopped breathing," and immediately added, "She has no pulse." As before stated, I always use ether as an anæsthetic, and could not realize the fact that my patient was in any danger whatever till I was told that they were giving her a mixture of chloroform and ether (one part to four), which some of the surgeons had been using a few days previously. On examining the patient, I found her, as it were, dead; there was not the slightest muscular rigidity; the arms and head fell by their own gravity in any way they were directed; the neck was as limber as if it were a mere band of soft linen stretching from the head to the trunk; there was not the least sign of breathing or of the pulse; she was, to all intents and purposes, dead; and I believe she would certainly have remained so if she had been left alone; and I doubt very much whether she could possibly have been resuscitated by any other method than that of Nélaton's.

I quickly inverted the body, and had it held thus; and then I shook the thorax, agitating the head laterally, so as to add an impetus to the movement of the blood, which, with the body in this vertical position, would naturally gravitate toward the brain; the jaws were held asunder, and the tongue hooked with a tenaculum, and pulled forward; in a few minutes the breathing was re-established, and then the pulse returned; and soon the patient was placed again on the table in the lateral semi-prone position in which all my operations on the uterus are performed; and the operation was finished, but without any more of the anæsthetic.

These two cases comprise my personal experience with Nélaton's method in chloroform narcosis.

The New Orleans *Medical and Surgical Journal*, for November, 1873, says: "In the course of an extended experience in the administration of chloroform, it has happened three times to Dr. M. Schuppert, that, to all appearances, the narcotized subject died, that is, respiration ceased, the heart stopped beating, and muscular contractility became extinct. The method he adopted for resuscitating these patients consisted in reversing the body, either by hanging them up by the feet, or laying them over a bed or table, so that the greater part of the body with the head hung down. In that position artificial respiration was also tried. In one case five minutes elapsed before there was a natural inhalation. All of them recovered. Dr. Schuppert believes that in cases of death from chloroform the primary cause of the cessation of the respiration and circulation rests in anæmia of the brain, and not in impregnation of the blood with carbonic acid."

Another American authority, Dr. E. L. Holmes (Chicago *Medical Journal*, September, 1868), says that whenever there is any failure of the heart's action, as is nearly always the case, the body should be laid at an angle of 40°, with the head downwards, so as to favor the passage of arterialized blood to the brain.

I take it for granted that Dr. Schuppert and Dr. Holmes must have obtained their knowledge of this method of resuscitation either directly or indirectly from the teachings of Nélaton; for he had for years been in the habit of explaining his method in his lectures and at his cliniques, and Dr. Johnston published an account of it in the American papers in 1861. Ten years ago there was a story prevalent in Paris, that M. Nélaton had derived the hint of reversing the body in chloroform poisoning from a discovery accidentally made by his little son, then some seven or eight years old; that

the little boy had killed some mice with chloroform; that, without thought or reason, he had taken up a dead mouse by the tail, and was twirling it round, when, to his surprise, it began to manifest signs of life, and recovered entirely, while the mice left lying were dead; and that the great surgeon was thus taught a great lesson, if not by babes and sucklings, at least by a little boy. This is a very pretty story as it is, and it seems a pity to spoil it. A few days ago, when in Paris, I called to see young Nélaton (who is now a student of medicine, and will graduate next year), and I asked him for the facts of the mouse story. He said that when they lived on the Quai Voltaire the house was infested with mice; that great numbers were caught in traps almost daily; that he was in the habit of killing them with chloroform by covering the trap with a napkin and pouring the chloroform on it; and that his only idea was that of an easy death for the mice. One day, when he had given a happy despatch to some mice, his father accidentally came into the room, and, seeing the dead mice, he told his son if he would take up one by the tail, and hold it with the head downward, that it would revive, while the others would not. He did this, and found it was true. And he told me that he had, when a boy, performed the same experiment on mice some forty or fifty times or more, and always with the same unvarying result. He says that he has often heard his father speak, not only of the case that occurred at St. Germain, but of other cases that he had saved in the same way, before the time of the mouse story, which dates back to 1857 or 1858.

As the facts now laid before you fully explain themselves, it is unnecessary for me to indulge in any lengthened remarks on the subject. In my own country, the accoucheurs often use chloroform, and the surgeons mostly use ether. I believe there has not as yet been a single death from chloroform given during labor; while deaths from it in general surgery occur constantly, and for unimportant operations. There must be a reason for this. I believe that it can be explained only on the theory that death from chloroform is, as a rule, due to syncope or cerebral anæmia. Now, we know that in active labor there can be no cerebral anæmia, for every pain throws the blood violently to the head, producing fullness and congestion of the blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition. It may be said that the recumbent position has some influence in determining the safety of chloroform in labor; and so it has, but it gives no immunity under other circumstances. Chloroform, given intermittingly, as in labor, is thought to be less dangerous; but patients in labor are often kept for hours under its influence with safety, and occasionally it is necessary to produce complete and profound narcosis in some obstetrical operations; and yet I believe I can safely reiterate what I have already said, that no woman has as yet died in labor from the effects of this anæsthetic. In puerperal convulsions, where the brain is believed to be overcharged with blood, and that, too, when the blood is known to be poisoned with urea, we formerly bled the patient, and we do so now sometimes, but our chief remedy is chloroform, which acts by arresting spasmodic movements, and by producing that very state of cerebral anæmia so necessary to a successful result. Whether puerperal convulsions are less frequent in labors under chloroform than in those without it, I do not know.

I believe that obstetricians may take a lesson from Nélaton's method of resuscitation, by adopting it in cases of threatened death from *post-partum* hemorrhage. Let us not be satisfied with simply placing the head low; but let us, in addition to the means usually adopted, invert the body, and throw what little blood there is left in it wholly to the brain. I have never seen a death from uterine hemorrhage; but from recollections of the few alarming cases I have witnessed, I now feel sure that recovery might have been hastened if I had known of and adopted Nélaton's method of inversion.

Whether death from chloroform is due to cerebral anæmia or not, it is at least safe to adopt Nélaton's method in all cases of supposed or threatened danger; but I think the safest plan is to relinquish the use of chloroform altogether, except in obstetrics. The frequent cases of death from the use of chloroform in surgical operations, that have occurred among us, even of late, should warn us to give up this dangerous agent, if we can find another that is as efficient, and, at the same time, free from danger. Ether fulfills the indications to a remarkable degree; but, while it is safe, it is unfortunately unpleasant to the physician and bystanders, as well as to the patient. He who will give us an anæsthetic as pleasant to take as

chloroform and as safe as ether, will confer the greatest boon upon science and humanity.

SOME HINTS ON THE RATIONAL TREATMENT OF STAMMERING AND STUTTERING.

BY J. SOLIS COHEN, M. D.,

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At various periods during a number of years past, the writer has had his attention drawn to the treatment of stammering and stuttering.

The unfortunate subjects of these defects of speech usually fall into the hands of more or less presumptive empirics, some of whom are elocutionists; some, "fellow sufferers"; and some of them peripatetic charlatans, who profess to cure by means of various secret methods.

Few regular physicians turn their attention to this subject in this country. In Great Britain, and on the Continent of Europe, there are a few institutions under the charge of competent professional men, where the defects are treated in a scientific manner, and with a satisfactory amount of success. In such establishments, where cases are present in numbers, they can receive that amount of attention which would be very much more expensive if devoted upon individual cases.

The best method of treatment is essentially a prescribed system of rhythmic respiratory and vocal gymnastics; not absolute in each case, but modified to meet special requirements. About six months are required, on an average, to secure a permanently satisfactory result.

It is not as generally recognized as it should be, that stammering and stuttering are different affections. The former consists in a more or less constant impediment to the enunciation of certain (variable) speech sounds, principally consonants; the latter in a frequently repeated enunciation of certain (variable) sounds during speech, and accompanied by a certain amount of muscular contraction. Both may be hereditary, and both are frequently the vicious result of imitation in the first instance, the habit becoming confirmed by the consciousness of the liability to the defect on the slightest emotion.

The defect often disappears entirely during singing or declamation. These exercises are rhythmic, and it is to a recognition of this circumstance that the method of cure indicated has been established.

Many of the tricks communicated by empirics and charlatans, are also rhythmical in their nature, and they are tolerably successful in slight cases; several remarkable examples of cure, which were effected in this manner, having fallen under the notice of the writer from time to time.

In confirmed cases, these tricks almost invariably fail; yet even here, in cases of highly susceptible individuals, they are occasionally successful, mainly, doubtless, in consequence of a strong mental impression made upon the sufferer.

Stuttering frequently disappears for the time in whispering, and in speaking in an unnatural pitch of tone. These facts have been taken advantage of in the treatment of the affection to inspire confidence in the patient that it is not impossible to conquer his defect; and the inspiration of this confidence is not without its effect in the success of a rational method of treatment. It suffices at once to show that there is no anatomical malformation, congenital or acquired, which needs surgical operation or mechanical control; views which were at one time held in prominent quarters, and which gave origin to the institution of various unnecessary surgical procedures, and the use of certain ineffective mechanical appliances.

It is true that some stutterers are affected with certain diseases—of the nervous and circulatory systems more especially; and when this is the case the usual remedial agencies are necessary, and may, in an indirect manner, influence the cure of the special disorder. The patient may have enlarged tonsils, elongated uvula, an affection of the larynx, or of the pharynx, nares, or mouth, the existence of which may complicate the case; and these affections are also to be combated, mostly by surgical interference. But in a large number of cases there is no disease other than that brought about by the depressed mental condition of the sufferer, and which, according to circumstances, may act injuriously on the nervous, respiratory, circulatory, or muscular system. In most instances the defect will be found to be in great part mental, and to consist chiefly in a want of consentaneous action of the involuntary muscles of respiration, and the voluntary muscles of vocalization and of articulation. Here lies one of the chief indications of treatment; to secure a voluntary harmony of action between lungs, larynx, and mouth (including palate, tongue, jaw, and lips).

When a stutterer is carefully examined in the utterances of those sounds in the enunciation of which his deficiency exists, it will often be found that some portions of the organs concerned in speech are too active or too inactive proportionately to the activity of the remaining organs; and this may exist in the chest, the larynx, the palate, the tongue, the jaw, or the lips. One or several of these organs may be in defective action simultaneously.

Irregular respiration is to be overcome by voluntary efforts at rhythmical respiration at the will of the teacher, being regulated by some movement which the patient may see and follow, or some sound which falls upon his ear at stated regular intervals. In similar manner, gymnastic exercises of the tongue, lips, jaw and larynx are instituted, either with or without the enunciation of sounds, as the case may seem to require, or as may best suit the condition of the patient for the time being. Finally, exercises in reading and in speaking are made to suit the special defect which is being combated. Thus, words and sentences are arranged in which the defective sounds recur with more or less frequency, and at more or less regular intervals; and these are repeated more or less slowly at first, and afterwards with more or less rapidity, and in varying rhythm. In this manner the patient is gradually educated to bring the defective movements under voluntary control; and as he progresses in the cure, his voluntary movements gradually become individually unconscious, like the fingering of the instrumental musician; and in this way he becomes rid of his defect.

This scheme forms the basis of the treatment alluded to, and has met with more permanent success than any one of the thousand and one special cures which, though frequently temporarily successful, leave the unfortunate subject as bad off as before, if not worse, as soon as the novelty of the trick has worn off. It is founded on rational principles, applied by those who have mastered the physics of normal speech, who are intelligent enough to detect the defect in a given instance, and have mechanical genius or knack enough to institute a series of exercises which shall bring into regular play those muscles which are inactive, spasmodically active, or active in excess.

The best period for instituting a cure is as early a date as is compatible with proper co-operation on the part of the patient; an age at which he is conscious of his defect, and willing to work to get rid of it; say, on the average, from twelve to fifteen years of age. Adults are often more difficult to cure than young persons; though, sometimes, their force of will enables them to accomplish more in a shorter time. The management of the case requires a good deal of patience, on the part of scholar and teacher, or patient and physician, as the case may be.

Young children should not be scolded by parents or attendants for stammering or stuttering, as this is much more likely to confirm the habit than to alleviate it. They should be treated the more tenderly on account of their infirmity.

Medical Societies.

THE TRI-STATES MEDICAL ASSOCIATION.

This society held its annual meeting at Port Jervis on the 2d inst. The association is composed of physicians, as its title would indicate, the representatives of three States, viz.: New York, Pennsylvania, and New Jersey. The late gathering, as usually happens, was fully attended. The meeting in the present instance, as likewise ordinarily occurs, was an instructive and interesting one to members. After calling the roll, Drs. W. B. Eager and B. Pillsbury, of Middletown, were elected permanent members, and Drs. G. A. Emory, of Middletown, and J. L. Whitaker, of Unionville, were received as honorary members of the association. Following, the subjoined were elected officers for the ensuing year: President, Avery Cook, of Otisville; Vice-President, I. S. Hunt, of Port Jervis; Corresponding Secretary, W. W. Appley, of Cochecton; Recording Secretary, D. H. Decker, of Monticello; Treasurer, George B. Curtis, of Hawley, Pennsylvania.

On motion, the President, Dr. B. G. McCabe, of Middletown, delivered the annual address. The subject chosen was, "The Physician as an Investigator." It was an admirably written, sound and practical production. It elicited a vote of thanks and request that a copy of it be furnished for publication. Pending the reception of such copy for our columns, in this connection, we publish the following remarks of Dr. J. H. Thompson, of Goshen, in regard to it, from which an idea of its character and merit may be formed. He said substantially:—

Mr. President:—I apprehend that it is unnecessary for the success of the motion that I should make any remarks in its advocacy. Under the circumstances, I am naturally restrained from expressing myself freely in regard to it, save in respect to its general tenor and senti-

ment. In this regard I do not hesitate to say it meets my most unqualified and hearty concurrence, endorsement and commendation. I congratulate you, Mr. President, in having struck, in my judgment, in many notable passages of the address with which you have favored us, the very key-note to which should be attuned every professional harp. Its erudite and salutary lessons should stimulate us to improvement, should awaken in us an enthusiasm to become wiser, that we may be better physicians. In a word, if appropriately heeded, the spirit of this suggestive address should operate upon our hearts on this occasion as a coal of living fire from the altar of medicine, inspiring us to cultivate our profession with renewed zeal and assiduity. Science is ever on the advance, making new conquests, reaping fresh harvests; and that professional man does not do justice to himself or to his patients who, on any excuse, neglects to avail himself of all the knowledge within his reach. Nay, more, is morally culpable who does not contribute something of his own resources and experience to the general fund of medical knowledge. It may well be questioned, sir, whether the time spent at medical society meetings, generally, in discussing the ethical relations of the profession, would not be far better devoted to other objects, to the extension of medical science and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. In no way, it is my conviction, can the elevation of professional character and the protection of individual interests be secured but by the practical recognition in the community at large of the scientific requirements of medicine. The true physician is actuated by the single philanthropic desire to be useful. It is this desire that prompts him to use all means at his command to advance pathological knowledge, and with it the welfare of afflicted humanity. The most successful way, in my opinion, for the suppression of quackery in the community, is by the promotion of sound medical knowledge. As Professor Meigs pertinently remarked on one occasion, "Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure paths in medicine." Only under the influence of this light can the mercenary impostors who cajole the public and make the practice of physic a mockery and a byword be driven away, as the mists of night before the coming dawn. In the cultivation of medical science lies the true and only strength of the votaries of medicine. By cultivating science we give to medicine exactitude. By giving to the healing art exactness we place it upon an elevated platform. We isolate at once this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely spreading branches.

The subsequent portion of the time of the meeting was devoted to the discussion of practical medicine and surgery, and the narration of cases of instructive interest in the experience of members. This feature of the meetings renders attendance always at this society's convocations especially profitable to the practitioner.

Dr. W. L. Appley, who is recognized as the father of the association, took occasion to contrast the benefits of society connection with the Tri-States Association with that of the Orange County Medical Society, in the particular indicated. He remarked that in attending the annual meeting of the latter in June last, instead of discussing matters directly related to professional advantage and improvement, the time was almost exclusively occupied in arraigning and berating members of the profession, and those, too, not of their own society.

The special subjects of noteworthy interest considered were the different methods of treatment of fractures and the use of stimulants in disease. As to the former the summation of opinion seemed to be that no given plan or method of resort could be adopted that would of itself secure complete success; but rather a favorable result depended most upon the intelligent judgment and skill of the surgeon in the practical application of instruments and apparatus.

In respect to the use of stimulants, Drs. Eager, Van Etten, and McCabe took strong affirmative ground against their general and indiscriminate employment. The first named physician inveighed feelingly against their use upon moral grounds. He related two cases that had come under his experience and observation, of a gentleman in one instance and a lady in the other, who had been made confirmed inebriates by the administration of alcoholic spirits upon a medical prescription. He stated that he treated typhoid fever successfully without stimulants, and quoted the experience of a hospital physician who had made extensive experiments on this class of diseases. A certain number were treated with stimulants, the same number with other remedies, and an equal number with simple nursing and no medicine. Of the cases treated with medicine and without stimulants, an average of ten per cent. better results were obtained; while those treated without medicine at all were still more successful.

The details of interesting cases in practice were presented by Drs. Decker, Pillsbury, Bradner, and others. They involved features of especial professional instructiveness, but we regret that our space will not allow at this time publication of them. With mutual congratulations over the good time enjoyed, the association adjourned to meet again at Port Jervis on the first Wednesday in June next.

ESCULAPIUS.

Birth of Triplets after Ovariotomy.

In the *Medical Times and Gazette*, Dr. Spencer Wells publishes a letter, just received, announcing the delivery of a lady of triplets, six years after he had performed ovariotomy upon her. There were three distinct placentas.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Excision of Cancer of the Breast by Scissor-cutting Under Ether Spray.

Dr. Benjamin W. Richardson writes, on this subject, in *The Lancet*, as follows:—

At this moment, when the dangers of general anæsthesia are so anxiously felt by the profession, the following clinical facts may prove of value. A lady, fifty years of age, consulted me in April last respecting a tumor in the left breast. The tumor had been present, and had at times been painful, for a considerable period, but, as it remained of small size, she did not consider it of importance until this year, when it began steadily to increase in size. The nature of the tumor was sufficiently clear. It was a hard scirrhus, of the size of a small hen's egg, loosely held in the gland, with no adhesions to the muscular structure beneath. The family history of the patient confirmed the diagnosis; her mother had suffered from scirrhus of the breast. The diagnosis left no doubt respecting the proper mode of treatment. There could be no hesitation in advising that the abnormal growth, while it was yet easily movable and removable, should be excised, and to this advice the patient gave a willing assent. But now the question of the administration of an anæsthetic came under consideration. The action of the heart of this lady was so intermittent and irregular, and the power of her heart was so reduced, that the slightest external impression influenced it in its motion. She belonged, in a word, to that population which is prone to die suddenly from chloroform and the other narcotic vapors. Under these circumstances I proposed to the patient that the tumor should be excised under local anæsthesia; and, that the failure of the process, if failure should follow the recommendation, might fall upon me entirely, I performed the operation myself.

I operated on the 8th of May last, in the following manner. The patient having been placed in a semi-recumbent position on a narrow couch, I directed Mr. W. Perkins, who very efficiently conducted the local anæsthesia, to direct gently over the tumor a large spray of common ether, so as to chill thoroughly, but not to freeze the skin. I let him maintain this for a period of five minutes. Then I handed to him another tube and bottle for spraying over the already chilled part the light fluid called anæsthetic ether, a compound of ether of sp. gr. ·720 with hydride of amyl. A few moments' application of this lighter ether was sufficient to render the whole of the breast frozen like a hard snowball. For a minute longer, that the deeper structures might become equally chilled, the spray was continued. When the structures were thus prepared, instead of using a scalpel for cutting, as in the ordinary way, I made the required incisions through the skin with a pair of small, strong, sharp, slightly-curved scissors. Commencing the incision by an angular cut at the outer margin of the part to be excised, I carried the lower blade of the scissors deeply into the breast, with the edge of the blade everted. In this way I cut the lower flap; then, commencing at the same angle, I cut in the same manner the upper flap. The rapidity and ease with which these incisions through the hardened tissues were made struck me most favorably. The incisions were deep enough to enable me to grasp the tumor firmly with the left hand. I now laid down the ordinary sharp cutting scissors, and with a pair of strong, slightly curved, tooth-edged scissors, I proceeded to cut on each side of the tumor until I could fairly lift it up; then, by a few strokes made with the same scissors underneath, I cleared it completely away. The operation lasted precisely three minutes, and was unattended, during the whole time, by the escape of blood. The diseased mass removed, I had the ether spray withdrawn, in order to see if any vessels would bleed during reaction from the freezing. There was a little oozing of blood, which quickly subsided, and one artery was tied, both ends of the ligature being cut off close to the vessel. The wound, carefully cleaned with a soft, damp sponge, was closed; the edges of it were secured with five sutures; a pledget of cotton-wool, charged with styptic colloid, was placed over the wound; and a lint-pad and firm bandage completed the dressing. The patient passed a good night after the operation. She was allowed to rise and go into the drawing-room on the following day; and as she exhibited no rise of temperature beyond 99° Fahr., and that only for a few hours, and suffered from not one untoward symptom, the dressing was left untouched until the 13th of May, when, on removing it the wound was found healed throughout its entire extent. The sutures were removed a few days later, when the line of incision was found fairly closed, without a particle of discharge or interruption of healing at any point.

During the whole of the operation the patient did not utter a single expression of pain, and I may here add her description of what she felt of the operation. The description was taken down by Dr. Platt, who rendered me his most able assistance, from the patient, immediately after the operation, and it is repeated in her own words: "During the application of the ether spray the local feeling was that of gradually becoming cold, as in frosty weather, just as when the hands go numbed, but there was

actual pain. Felt pressure when the scissors went into the tumor, and experienced a kind of jar, but did not feel anything like an incision, and in fact, was not aware when the incisions were made. Felt nothing of the next part of the operation, but when the tumor was held up and divided by three long cuts, experienced a feeling, not of pain, but as if the parts were put on the stretch or dragged; did not feel the tying of the ligature, but when some small substance (a bit of loose fatty tissue) was cut off, felt again as if the parts were being stretched. When the sutures were introduced, felt the pressure whilst the flaps were being held together, but was unconscious of the prick of the needle."

In all respects this operation was, as an operation, completely successful, and one other success followed it I did not expect. As the recovery from the excision progressed, the irregular action of the heart became less marked, and ultimately disappeared altogether. In the month of July this lady called upon me, and was found to be restored to perfect health.

Soon after the recovery of the patient named above, another lady came under my care, who was suffering from a scirrhous tumor, situated a little above the right breast, towards the axilla. This tumor, as a small mass about the size of a hazel-nut, had been present for several years without undergoing change, but recently, upon the occurrence of a slight blow from a fall, it had commenced rapidly to increase in size. It was now a firm and well-defined scirrhus, of the size of a pullet's egg; it moved with moderate freedom beneath the skin, but not without conveying a suspicion, which afterwards proved to be correct, that it was attached to the pectoral muscle. Over the centre of the tumor there was retraction of the skin, and the nipple was slightly retracted towards it. The glands in the axilla were free.

The diagnosis in this instance was sufficiently clear, and the practice of immediate removal of the tumor seemed to me positive. But again the question of the administration of chloroform or of some other anæsthetic vapor pressed for careful consideration. The patient had been declared by one of her medical friends to be suffering from disease of the heart, and had been urged by him in the most forcible terms not to subject herself to general anæsthesia. Another medical friend, in less determinate but still serious expression of opinion, gave her similar advice. She herself had read of the danger she heard described, and her anxious dread alone was all but sufficient to preclude the administration of any narcotic vapor. On examination of the heart, I found an exceeding feebleness of action, an irregular and often intermittent beat, and at the apex a soft systolic murmur. I suggested, under these circumstances, the removal of the scirrhous tumor under ether spray, and on June 23d, again very ably assisted by Dr. Platt, I performed the operation. The steps of the operation were much the same as those described in the previous history. For a few minutes an ether of a specific gravity of 1035 was sprayed over the breast, then the light anæsthetic ether was used until all the part was completely solidified. This condition attained, I made the incisions with sharp cutting scissors, separated the tumor by a few lateral divisions with the same scissors, and then raising it, cut it out from its deep connections by means of the curved tooth-edged cutting scissors. The growth in this instance was firmly attached to the pectoral muscle over a space the size of a florin, but I found no greater difficulty than a little delay in separating it, together with a layer of connective tissue, from its attachment.

So far the operation was actually bloodless. I waited a brief period before closing the wound for perfect reaction to occur, and for observing if there were any hemorrhage. With the reaction one small artery yielded blood, but the bleeding was instantly and effectually stopped by torsion. The edges of the wound were brought together with five silk sutures, and the styptic colloid dressing, with cotton wool, a soft pad and bandage, was applied.

This patient, like the last, bore the operation perfectly. She felt no pain from the incisions, and although the deep dissection which was required to remove the tumor from its attachment was felt as a severe drag or pull, it gave rise to no evidence of acute pain. The act of sponging the wound, and the insertion of one of the sutures, caused momentary expression of pain, but, on the whole, she was throughout brave, perfectly collected, and as quiet as if she had been asleep. This patient, like the previous one, progressed so favorably that she was allowed to get up every day. On the fourth day after the operation, as she complained of the pressure of the pad, I removed the dressing, and found the wound freshly healed throughout its entire length, without a trace of suppuration. In this act, however, a little misfortune occurred. A portion of the cotton wool adhered firmly, through the styptic colloid, to a loose end of the upper suture, and, while I was extricating the wool, an accidental movement of the patient caused the ligature to tear out of the upper lip of the newly-joined skin. From this slight point there flowed as much as a drachm and a half to two drachms of bright red, very thin blood. I stopped this bleeding, not very readily, by firm pressure with styptic wool; but a little further bleeding took place during the day, beneath the compress, and into the subcutaneous tissue, and gave rise to a superficial sore about the size of a sixpence. On the eighth day after the operation the patient was able to go out of doors, and, but for the slow healing of the small sore whence the hemorrhage proceeded at the first dressing of the wound, recovery rapidly succeeded.

One other fact closely connecting this with the preceding case is worthy of particular notice. As this second patient began to rally from the operation, the distressing cardiac symptoms entirely passed away, the stroke of the heart improved in tone, the irritability

ceased, and the faint murmur became imperceptible.

The facts recorded call for one or two brief comments.

The effect of the local anæsthesia.—It is certain that in both these cases the local method afforded everything that could be desired in the way of anæsthesia. It saved all acute pain; it saved the patient the dread of death during the insensibility from a general anæsthetic, and it enabled me to proceed in our task without a thought as to the immediate safety of the patient. I may say more for it still. It warranted me in recommending the operation. I should certainly not have advised any friend of mine, whose heart was in the same condition of irritability and irregular nervous supply, to inhale an anæsthetic vapor, to the fatal effects of which such conditions of the circulation are so favorable. Applying then this same rule to a patient, who in putting his life into my hands makes his life for the time mine, I should consider it actually wrong to recommend a risk I would not myself accept. But, taking advantage of the local method, I had no occasion to suggest a danger of any kind, while I secured my patients the benefits of anæsthesia. I saved them the dread of death from the effects of a general anæsthetic; I saved them possibly the symptoms of after-vomiting and faintness; and I saved myself and my colleagues during the operation the anxiety that ever attends the administration of a general anæsthetic to persons in whom disease of the heart is foreknown.

The method of cutting with scissors.—Local anæsthesia has many disadvantages. It is more troublesome than general anæsthesia as a detail of practice, and, as it leaves the consciousness alive, it fails at times in preventing the fears of the patient. But hitherto the greatest difficulty in operating under it has been the obstacle of cutting through the hard, frozen, insensible part. The resistance to incision by the best cutting knife, and especially to dissection by the knife, is such that I have seen the most skillful surgeons troubled by it; and I have never been able to complain of the objection that has been made to the method on this ground. The difficulty is now overcome by the process of scissor-cutting which I have here introduced. The advantage of the scissors over the scalpel will be at once proved by any one who will take a thick, firm structure, the cover of a book, for example, and try to cut through it. With the best of scalpels he will be troubled; but with scissor blades he will cut with the utmost facility, if the blades be well set. So, in cutting through the frozen animal tissue, the parts can be divided as rapidly as may be wished with the scissor blades, with perfect accuracy of incision, and as deeply as may be desired. The cutting is also made without any downward pressure, by which pain of pressure is saved. Also in deep dissection, the tissues, frozen as they are exposed, can be divided more easily than by the knife; for the harder they are solidified, the easier they are divided by the scissor blades. In a word, I believe that every cutting operation, in which local anæsthesia is practicable, may be performed neatly and effectively by scissor-cutting, and that a much larger number of operations may now be painlessly carried out under the local method.

Some little attention requires to be paid to the instruments used. The scissors for superficial or skin cutting should be exquisitely sharp, neat, and strong; and I prefer them slightly curved. For deep cutting, where there are many blood vessels, the tooth-edged cutters are valuable. These pierce, crush, and divide at the same time, and they save blood. For other purposes, as for division of a sinus, some modifications are required, and Messrs. Krohne and Sesemann are now making for me a case of instruments for the special purpose of operation on the method under consideration.

Effect of the operation on the heart in the cases related.—No fact is more instructive in the history of the patients recorded in this paper, than the beneficial effect produced on the functions of the heart by the operation. In both instances the cardiac irregularity and irritability were purely due to irregular nervous supply, to nervous irritation and consequent muscular exhaustion. The irritation might have been in part due to the mental anxiety which naturally accompanies the disease, or it might have been due to the irritation of the tumor, and have been reflex in character. Whichever view be correct, the result of the operation was curative, and, as the cases are typical of a class of phenomena of disease, the lesson they teach is extended far beyond them as individual illustrations. They show that so soon as the heart obtains rest from the persistent nervous thrill that invades it, its muscular tone returns, and its irregular motion and excitability cease. Thus by operating early for the removal of cancer, the surgeon acts as physician also, and prolongs the general life by removing the local disease. I am convinced I have seen patients suffering of cancer die from the mental and local irritation of the disease long before any development of the malady has advanced to kill by destruction of the part or organ involved. I infer, therefore, that if, without any danger to life from general anæsthesia, we can remove external malignant growths painlessly and promptly, so soon indeed as they are detected, we shall bring art, effectively, to the defeat even of cancer.

Oat Meal Farina as a Food for Infants.

MM. Beaumetz and Hardy recommend very highly the use of oat-meal farina in the feeding of young children. According to these gentlemen, this farina resembles human milk most closely in its plastic and respiratory elements, and contains, in addition, iron and phosphates. It has, besides, the property of preventing or arresting diarrhœa, which so frequently occurs in young children. Some infants of four to eleven months, who were fed upon this farina, were found to grow equally well with those who were nourished by the milk of a good nurse.

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D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

PUBLIC SANITARY MEASURES.

In all of our large cities the people justly demand that every means should be taken to promote cleanliness, both of the streets and of the people themselves. Recently, Philadelphia, in common with the rest of the country, suffered from the excessive drouth. Many years ago the rapid and wonderful growth of our city being foreseen by those in high places, efforts were made to provide for that prime necessity of life and health, a full supply of pure water. The success of these measures is evidenced by the pitiful wail from our Chief Engineer of the Water Department, and by a compulsory edict forbidding the use of the water for washing our pavements, and cautioning all against the waste of water in any form.

How long before we shall be visited in our houses and peremptorily forbidden to bathe, though paying all that the Department can possibly collect, we cannot say. Bathing, especially in a large city, is a prime necessity, and is rarely overdone. We trust, therefore, that the domiciliary visits of our worthy police may long be postponed.

But, while the present emergency may be some excuse for care in the use of water, yet when, by reason of copious rain-falls, the water supply was ample, we regret to say that bathing was almost completely, if not entirely interdicted to all save those who enjoyed the use of a bath-room in connection with their homes.

One public effort was made to provide public bath-houses, but the matter was speedily allowed to sink into neglect, and has now disappeared from public view. Nor would it appear that in this respect the great city of London has been much better off. For until recently the wants of that immense metropolis seem to have been but poorly met.

It was only in May last that one of our cotemporaries had the opportunity of congratulating the lovers of health upon the near prospect of improvement in this respect.

The London *Medical Times and Gazette* says:—

"We are glad to be able to chronicle that one of the many wants of London is in a fair way of being satisfied. On Saturday last the iron hull, intended for a large bath, to be moored in the river off Charing-cross Pier, was launched from the slips on which it was built, in the Thames Ship-building Company's yard.

"This bath is the first of several about to be constructed for the Floating Swimming-baths Company. It is one hundred and seventy-seven feet long by thirty-eight feet wide, and has a bathing area of one hundred and thirty-five by twenty-five feet. The water varying in depth from three to seven feet. At one end of the bath Perrett's patent filtering apparatus will be fitted, provided with pumping machinery capable of passing one thousand gallons of water per minute into the bath, and thereby insuring a constant change of clean water. The question of filtering the water supplied for bathing has occupied the attention of the Company for some time, and the present arrangements have only been adopted after several trials carried out by mooring a vessel with the apparatus now selected on board over the very spot where one of the baths will subsequently be stationed, in order that samples of the water might be obtained under every condition of tide and weather.

"The bath will be covered by a handsome superstructure of iron and glass, enlarged into a dome toward either end, under which fountains will be placed delivering the fresh filtered water into the bath. The bath now launched, after being completed in its internal fitments, will be moored in the recess of the Victoria embankment, on the west side of the Charing-cross bridge, access being obtained to it by means of the landing stage at present in use there. These floating baths have been for many years in use on the Seine, in Paris, where we believe they pay remarkably well, and there would appear to be no reason why the speculation should be a failure in this country.

"From a sanitary point of view, their establishment and continuance is of vast importance. The baths at present in existence, for a great city like London, are too few, and not always of the best description, but if the present Company meets with the success it deserves, it will be possible to have a refreshing swim, without danger, in the purified tide-way of a rapid river like the Thames, which, of itself, will be highly conducive to the health of that hard-working portion of the community who have neither time nor money to spend at the legitimate bathing place, the seaside."

Cannot companies for a like purpose be formed in all our large cities, and thus contribute largely to the improvement of the health, strength, and even wealth of the people?

The paucity of the water supply brings very broadly to our view the beauties of surface drainage. In every direction may be seen filthy gutters, filled with stagnant water, giving forth, under the heat of the sun, to the thirsty air, an abundance of seeds which only require an appropriate soil in which to ripen into a rich harvest of typhoid and other fevers. Thanks to the supineness of the contractors, the health officers, *et id omnium genera*, no effort is made to remove these deposits, and the only hope that is left is, that in due time a deluge of rain may cleanse the streets once more.

We are glad to know that at the recent meeting of the American Medical Association this subject of drainage was quite thoroughly discussed by the Section on State Medicine and Public Hygiene, and we earnestly hope that this ventilation of the subject will lead to good results in every quarter.

Notes and Comments.

Sal-Ammoniac as a Febrifuge and Sedative.

L'Union Médicale refers to a series of cases communicated to the Société de Thérapeutique by M. Martineau, which tend to show the value of sal-ammoniac in acute rheumatism. Some cases are said to have been cured, and in others the pulse and temperature decreased after the medicine. Dr. Lapeyrère, in *La France Médicale*, gives some further notes on the subject. He states that Delioux de Savignac found daily doses of half a gramme too feeble, and gave from four to ten grammes. He carried the quantity per diem to fifteen grammes in divided doses, for the relief of nervous headache. Dr. Barillen, of Toulon, in the *Bulletin de Thérapeutique*, has related many cases cured by three doses of one gramme each, given at intervals of half an hour. Some English physicians have used the drug successfully in nervous affections.

Delioux de Savignac has used it both externally and internally in gout as well as acute rheumatism, and says it diminishes both pain and fever. It may be dissolved in any of the waters of the pharmacopœia. Its trial is advised in doses of five, ten, and fifteen grains.

Therapeutic Value of Veratrum Viride.

In a paper read before the Medical Society of the State of Tennessee, April, 1874, by Dr. Thomas Liscombe, he considers morphine and tincture veratrum viride, given alternately, to be the sine qua non for peritonitis, whether puerperal or non-puerperal. He begins with tinct. verat. vir., gtts. vj, and repeats it every three hours, increasing the dose one gtt. each time unless sickness of stomach or subsidence of fever should result, thereby indicating that a further increase of the veratrum was not required.

He further says that the veratrum is unequaled as a therapeutic agent in all the phlegmasia, with their accompanying fevers. More especially is this the case in pneumonia, pleuropneumonia, and pleuritis.

Antidotes to Poisoning by Strychnine.

Professor Ranieri Bellini, after conducting a long series of experiments on poisoning by strychnia and its salts, arrives at the opinion that the best antidotes are tannic acid and tannin, chlorine, and the tinctures of iodine and bromine. Chlorine, he maintains, attacks the strychnia even when it is diffused through the system; for he found that in rabbits poisoned with the sulphate of the alkaloid, on being made to inhale chlorine gas in such quantity as was not sufficient in itself to kill, the convulsions were retarded, and were milder when they occurred; death was also less rapid. The author further observed, that when strychnia was exhibited with pyrogallic acid, the convulsions were retarded for the space of half an hour, in comparison with other experiments in which the alkaloid was given by itself. Professor Bellini believes that this arrest in symptoms is not dependent on the acid acting chemically on the strychnia, but only through the astringent effects produced by the acid on the mucous membrane of the stomach, whereby the absorption of the poison is rendered difficult. The same author, dwelling on the frog-test for strychnia, asserts that this test is not to be trusted, inasmuch as other poisons produce the tetanic symptoms, although in a less degree. He adds, in speaking of the effects of the antidotes to which reference has been made, that he trusts his results will have a bearing, not only on the treatment of strychnia tetanus, but on traumatic and idiopathic tetanic disease.

Improved Mucilage.

Ordinary mucilage, made from gum Arabic, does not fix paper to wood or pasteboard, or to metallic surfaces. These disadvantages are overcome by adding a solution of sulphate of aluminum, made up in ten times its quantity of water. Ten grains of aluminum sulphate are sufficient for 250 grains of mucilage. Prepared in this way it will not become mouldy. Again, according to Hirschberg, a few drops of strong sulphuric acid are added to the gum solution, and the precipitated sulphate of lime allowed to settle. Solutions prepared in this way a year and a half ago have neither become mouldy nor lost their adhesive power.—*Boston Journal of Chemistry.*

Curious Actinic Discovery.

The *Photographic News*, of London, says that Dr. H. Vogel has lately made a singular and interesting discovery in actino-chemistry; namely, that the non-actinic rays may, under certain circumstances, be made actinic. He has found that bodies which absorb the yellow ray of the spectrum make bromide of silver sensitive to the yellow rays. In like manner, bodies which absorb the red ray of the spectrum make bromide of silver sensitive to the red rays. For example, the addition of *corallin*—which absorbs the yellow ray—to a bromide of silver film renders it as sensitive to the yellow ray as to the blue ray. The discovery is one which will doubtless prove to have important practical bearings.

External Application of Chloral.

Apropos of this subject, to which we have elsewhere referred, M. Martineau states in *L'Union Pharmaceutique*, that he has derived great advantage from the topical employment of solutions of chloral. In the bed-sores of typhoid fever he uses an aqueous solution of the strength of one per cent., first washing the sore well, and then covering it with lint soaked in this liquid. He says its effect is remarkable: the sloughing, atonic region taking on a healthy aspect, granulating, discharging less, and proceeding rapidly to a cure. When there is offensive suppuration he used a mixture of chloral and eucalyptus.

Sound Doctrine.

The following from Dr. Barclay is worth making a note of:—"In the present day it has become too much the fashion to decry the powers of remedies when their influence is obscure or their mode of action unintelligible. To a certain extent my sympathies go with the movement, because I have long felt that the evidence on which the rules of practice are based is extremely defective. In some instances a theory is propounded which has never been brought to the test of a logical proof; in other cases the merest empiricism guides our treatment, having no basis either of pathological or physiological causation to justify its adoption; more than all, the enumeration of a certain number of successful cases is supposed to be sufficient proof of the advantage of a certain method of treatment, when they neither satisfy the numerical nor the inductive method of arriving at truth. At the same time I do hold to the belief that medicine rightly used has a power to counteract the events and processes of disease, and it should be the aim of every physician to ascertain, so far as he can, what powers medicinal agents possess of this kind, and what processes are injurious and may be counteracted with benefit to the patient."

CORRESPONDENCE.

Belladonna vs. Opium.

ED. MED. AND SURG. REPORTER:—

I find the following case among my notes, that may prove of some value to the readers of your invaluable REPORTER, and aid in establishing the merits of belladonna as an antidote against opium and its alkaloid, morphia.

On the 5th day of March, 1870, at about four o'clock in the morning, a messenger called at my office, requesting me to go with him and see, in consultation with a neighboring physician, Mr. G. W. R., a young student, about twenty years of age, recently brought from Muhlenburg College, Allentown, and who was then suffering with neuralgia of the bowels, mistaken for colic at the time.

He was treated with large doses of sulphate of morphia, for the relief of pain, the day and night preceding my visit. I found him in a fit, which soon gave way to stertorous breathing and profound coma; there was also more or less foaming at the mouth. The ordinary respirations were about three or four per minute, and the pulse very slow, and almost imperceptible.

The face was of a purplish hue, and the whole body bathed in perspiration. The extremities were cold, and the pupils were contracted to the size of a pin's head.

He could not be aroused by shouting in his ears, nor by violent shaking, nor did flagellation, and walking him about the room supported by two assistants, and the use of cold douches, have any effect whatever in eliciting the slightest indication of consciousness.

I learned that the first symptoms which alarmed the family occurred about an hour before my arrival, when a little brother of the patient noticed spasmodic twitchings of the face, and becoming alarmed immediately sprang from the room to an adjoining room, where his parents lay, and told them that his brother was "making faces" at him and he would not remain with him any longer. They at once repaired to his room and found him in a convulsion, which did not subside until a short time after my arrival. Having no stomach pump at hand, and also no fluid ext. belladonna, I attempted to give him an emetic of mustard and water, but the patient's jaws were clenched, and no effort of ours succeeded in opening his mouth, which remained closed for three successive days: failing in this attempt, I immediately sent for fluid ext. belladonna, and at the same time had two assistants take the patient out doors in the open air, and administer a thorough flagellation, also cold douches to the head and face: but all this had no apparent effect, as stated before, to produce consciousness. By the time the latter treatment was sufficiently experimented with, the messenger arrived with the belladonna, when I immediately injected thirty drops of it, hypodermically, into the arm, and also injected a tablespoonful of spirits terebinthinæ, in emulsion of eggs, per rectum.

I then applied ice-water cloths to the head and sponged the face with ice water; also put his hands and feet in hot mustard water.

In about forty minutes the pupils began to dilate, and at the same time the pulse became more perceptible, and the respiration slightly improved. He remained in this condition for about an hour, when a relapse of all the unfavorable symptoms occurred, to such a degree that I feared death would be an immediate and inevitable result. But always acting on the principle that "where there is life there is hope," I resorted to another hypodermic injection, increasing the quantity to a teaspoonful, which acted like a charm, causing a marked improvement in all the symptoms, and rescuing my apparently doomed patient from an untimely grave.

The patient gradually improved from time to time, but was not restored to complete consciousness until several days after the symptoms of poisoning set in. I am happy to state that he recovered his health completely in about a month afterwards, and was soon able to resume his studies, and has since enjoyed perfect health. I ascertained afterward that the patient took about two grains of the sulphate of morphia in divided doses, within a space of two hours preceding the attack. This is the third case of poisoning by opium in which I have used belladonna as an antidote, and consider it the

best and most effectual I have ever tried. I think the above case proves conclusively that belladonna can be relied upon with the utmost safety as a sure antidote against opium.

Yours very respectfully,

GEO. W. SEIP, M. D.

Stroudsburg, Pa., Sep. 9th, 1874.

NEWS AND MISCELLANY.

Corrections.

The types make queer changes sometimes.

Thus the article of Dr. T. Curtis Smith should be "cases," though it really was "cures" of chorea.

Dr. Keyser is made to resume his clinical "studies;" we wrote "duties." We hope he is still a student, clinically and every other way.

We ask the indulgence of our readers for these and all our numerous peccadilloes. We hope they will agree "not guilty, but don't do it again."—ED.

The New Hospital of the University of Pennsylvania.

This building, located at Thirty-fourth and Spruce streets, is now open for the reception of patients, and the trustees give notice that all persons sustaining accidents will be admitted to the institution at all hours, without previous application, but in all other cases applications for admission must be made at twelve M. on each day, save Sunday. The new building is thus described:—

This fine hospital lies due south of the University building, being situated on a plot of ground six acres in area, given to the University by the city, and in return for which the trustees have agreed to maintain in the building fifty free beds for the use of the sick poor of the community. Toward the erection of this hospital the State Legislature contributed $200,000, and private subscriptions have swelled the amount to nearly $500,000.

The institution now comprises a central building and pavilion, costing about $200.000. Five more pavilions are planned, and will be erected, each at an outlay of nearly $100,000. The central building fronts on Spruce street, its greatest width being 88 feet 6 inches, and its depth 130 feet 6 inches. The pavilion erected, contains on the basement floor the dispensary, waiting and private rooms, and on the upper floors, wards for the sick. All the appointments of the hospital are modern, and when the entire structure is completed it will be rivaled by no other in the world.

The general style of the buildings is of the same character and in harmony with the building for the collegiate and scientific departments completed two years ago, and of the hall of the medical department now building, to be finished we hope speedily.

The material of the basement of the entire building is Leiperville gray stone, with a capping of Hummelstown brown stone. The front of the buildings, and the sides, as far as the corridor above the basement, are faced with serpentine stone, with Amherst and Massillon, Ohio, stone dressings. The remainder of the building, on the sides and rear, on account of economy and greater dryness, is built of brick, with hollow walls. The dressings are of Ohio stone. A broad flight of granite steps, flanked by balustrades and pedestals of Ohio and brown stone, leads to the principal entrance.

The interior of the building is handsomely finished, and the precaution has been taken to make the building fire-proof by means of stairways of slate and iron, fire-proof corridors and floors laid with slate tile. The interior window sills are also of slate. The building also contains every convenience in the shape of gas, water, bath rooms, diet ranges, separate rooms for parties, etc.

Duties of United States Officers with Reference to Quarantine and the Public Health.

TREASURY DEPARTMENT, September 8th, 1874.

In the absence of uniformity in the regulations of quarantine upon the Atlantic and Gul Coasts, it is desirable that the several officers specifically placed under the direction of the Treasury Department by the subjoined Section of The Revised Statutes of the United States inform themselves fully as to the local health-laws and the regulations based thereon and in force at their respective ports and stations, and strict compliance with such laws and prompt assistance in the enforcement of the same, when directed by competent authority, are hereby enjoined, in accordance with the provisions of the following:—

"SECTION 4792 The quarantines and other restraints established by the health-laws of any State, respecting any vessels arriving in, or bound to, any port or district thereof, shall be duly observed by

The officers of the customs revenue of the United States, by

The masters and crews of the several revenue cutters, and by

The military officers commanding in any fort or station upon the sea-coast; and all such officers of the United States shall faithfully aid in the execution of such quarantines and health-laws, according to their respective powers, and within their respective precincts, and as they shall be directed, from time to time, by the Secretary of the Treasury." * * * * [*The Revised Statutes of the United States*, p. 890.]

Officers of the Customs Revenue are referred, in this connection, to Articles 294–295. *General Regulations under the Customs and Navigation Laws of the United States*, 1874, and are requested to bring the same to the notice of the proper local health authorities, attracting attention especially to the second and third paragraphs of Article 294.

Officers in command of vessels of the Revenue

Marine are instructed that Article 904 of said *Regulations* is held to include communication with infected vessels as well as ports; and, in order to render more efficient assistance to local authorities in the enforcement of quarantine laws as therein directed, will take the necessary steps to advise such authorities of these instructions.

The cöoperation of the military forces will be applied for only after exhausting the other powers and authorities herein mentioned; such application to be made to this Department, with a full statement of the facts for the information of the Honorable the Secretary of War.

Medical officers of the U. S. Marine Hospital Service will govern their official action in consonance with this circular and the law as above cited; and will at all times assist as freely as practicable, not only other officers of the Government, but the quarantine authorities, in the protection of the public health against the introduction of contagious diseases. In furtherance of this end they are instructed to communicate to the Supervising Surgeon, from time to time, such information and suggestions as will enable that officer to frame needful regulations and to take intelligent action in cases of emergency.

B. H. Bristow,
Secretary of the Treasury.

Department, No. 90, 1874.

Office of the Supervising Surgeon,
U. S. Marine Hospital Service,
Treasury Department,
September 9th, 1874.

Sir:—I am instructed by the honorable the Secretary of the Treasury to submit for your consideration the accompanying copy of Circular No. 90, relating to the Duties of U. S. Officers with reference to Quarantine and the Public Health, and to solicit from you such information and suggestions touching the subject-matter thereof as may conduce to the greatest efficiency and harmony of action between State and municipal health authorities on the one hand, and the officers of the National Government upon the other.

To prevent, so far as his official action in this connection may prevent, the interruption of commercial intercourse, with the consequent stagnation of business and loss of revenue which uniformly result from the access of an epidemic of contagious disease, is, obviously, the object of the Circular of the honorable the Secretary, charged, as he is, with the protection and improvement of the financial and commercial interests of the country.

The intimate correlation of these interests to the sanitary interests of the people, with the conservation of which you are charged, renders direct and intelligent coöperation between the agents of these interests of the first importance. Whatever information and suggestions to this end it may be in your power to furnish, are therefore desired, and will be made the basis of specific instructions and action whenever practicable.

Copies of your health laws and regulations, State, municipal, and port; of instructions to port physicians, pilots, boarding officers, and others; of descriptions of quarantine establishments, and of kindred published data, would be of immediate value, and may be forwarded direct to this Office.

I have the honor to be,
Sir, your obedient servant,
Jno. M. Woodworth,
Supervising Surgeon U. S. M. H. S.

Returned.

Dr. D. G. Brinton, Editor of the Reporter, returned last week from a brief visit to Europe and will continue to devote his attention, as heretofore, to the interests of the Journal.

Dr. R. J. Levis has also returned from a visit to the principal medical centres of the Old World.

QUERIES AND REPLIES.

Alido, Mercer Co., Ill., Sep. 3d, 1874.

D. G. Brinton, M. D.—Dear Sir:—Will you please give me (through the Reporter) answers to interogatories.

October 16th, 1866, I was called to see a boy seven years old, who had got his knee dislocated. I reduced the dislocation, and the case did well. He now comes with a deformed ankle. Atrophy of the muscles of the leg and the foot has assumed the character of talipes varus.

Is this caused from injury done to the nerves of the leg at the time of the dislocation of the knee; do we have dislocation of the astragalus in talipes varus, either acquired or congenital?

Is there any difference in the treatment of acquired or congenital talipes varus in a boy of seventeen years of age? Yours, etc.,

Geo. Irvin.

Will some of our surgeons answer.—Ed.

A. W. B.—We recommend to you the form known as Queen's Student's Microscope. Price $65.

J. H. Thompson.—Thanks for the report. President's address not received.

MARRIAGES.

Steinriede—Simmons.—By the Rev. Father La Corré, at Oakendale plantation, the bride's residence, Dr. Joseph Steinriede and Miss Anna J. Simmons.

Wilson—Stoddard.—On Tuesday, Sept. 15th, at the residence of the bride's uncle, New London, Iowa, by the Rev. R. King, Dr. G. W. Wilson, of New London, Iowa, and Lute D. Stoddard, of Bustl, Nova Scotia.

Wood—Noble.—In Muncy, Pa., on the 9th inst., by Rev. S. T. Thompson, George G. Wood, M. D., and Jennie E. Noble, all of Muncy.

DEATHS.

Hoffman.—At Bryn Mawr, on Sunday, September 20th, Washington Atlee Hoffman, M. D., aged 30 years, only son of C. J. Hoffman, Esq., of Philadelphia.

Dr. Hoffman was the Port Physician of Philadelphia.

Hutt.—On the 17th, Louise Mary, only child of Dr. Wm. H. and Josephine E. Hutt, aged 9 months and 27 days.